

**FY 2002 BUDGET AND PERFORMANCE REQUIREMENTS
PROGRAM MANAGEMENT
Addendum 2
December 26, 2001**

Provider Inquiries (Carrier)

The costs associated with this contractor's toll-free service will continue to be paid centrally by CMS and should not be considered by contractors in their budget requests. However, Medicare Contractors will still be responsible for all other internal telecommunications costs and devices such as agent consoles, handsets, internal wiring and equipment (ACDs PBX, etc.) and any local or outbound telephone services and line charges. The transition to toll free provider telephone service reflects an increased focus on customer service for providers. To the extent feasible, provider inquiry standards will be compatible with beneficiary standards.

In keeping with our FY 2001 efforts, we are maintaining our pursuit of CMS's strategic plan goal of becoming a customer-centered organization. CMS is focusing on providing improved service to all customers, including Medicare Providers. The FY 2002 Carrier Provider Inquiry BPRs are designed to encompass CMS's Strategic Plan and facilitate improving customer service. The FY 2002 BPRs continue to reflect the Agency's commitment to the Government Performance and Results Act of 1993, the Chief Financial Officers Act of 1990, and the Government Management Reform Act of 1994.

CMS requests that each Carrier prioritize its workload in such a manner to ensure high quality service to all providers. CMS expects that each Carrier will continue to prioritize its provider inquiry workloads in the following sequential manner:

- 1) Provider Telephone Inquiries
- 2) Provider Written Inquiries

PROVIDER TELEPHONE INQUIRIES – (Activity Code 33001)

The FY 2002 Budget and Performance Requirements for Provider Telephone Inquiries are intended to further demonstrate CMS's commitment to customer service by requiring that contractor budgets for provider telephone inquiries are based on key performance measures. The measures are designed to be representative of the life cycle experience of the caller from *Pre-Contact* or call inception to *Post-Call* or after call wrap-up. The measures will allow CMS to ensure that Carriers are efficiently providing **quality** customer service.

The measures provide CMS a complete picture of the operations associated with the contractor's handling of customer inquiries. The measures are balanced across quality, cost, and time in order to ensure that they reflect the agency's priorities, the contractor's operations, and acknowledge available resources. To the extent possible, all of the performance measures shown below should be captured using existing systems and infrastructure already established for beneficiary inquiries. Contractors may also implement manual systems to capture and report required data to CMS, if that is more cost efficient. All data should be reported to CMS using the process outlined in transmittal AB-01-55.

During FY 2002, CMS will be developing, testing and issuing standardized training processes and materials for provider telephone Customer Service Representatives (CSRs). Upon receipt of these materials, carriers are required to implement these standardized CSR training materials, including job aids, for all CSRs on duty and those hired in the future. Since the development of these materials will be done by CMS, it is not expected that there will be any costs to the contractors to use these training materials.

Instructions:

All provider telephone inquiries are to be processed in accordance with the guidelines shown below and will be reported using Activity Code 33001. All specified information must be captured and reported to

CMS on a monthly basis. This information may be captured manually, if necessary. Contractors should use the attached definitions to determine how to calculate each required field. Any exceptions to these performance levels should be reported to CMS.

Required provider performance measures are listed below.

Pre-Contact Measures (Note: All specified information must be captured and reported to CMS on a monthly basis. This information may be captured manually, if necessary.)

1. Report Total Calls Offered to the provider call center for the month, defined as the number of calls that reach the call center's telephone system, which can be split up according to trunk lines in instances where a call center is taking calls for Part A, B and other non-CMS calls.
2. All existing systems related to inbound provider calls to the center should be programmed to acknowledge each call within 20 seconds (4 rings) before an agent, IVR or Automated Call Distributor (ACD) prompt is reached. This measure will not be required to be reported, but must be substantiated when requested.
3. Report the monthly All Trunks Busy (ATB) External Rate.
4. For callers choosing to talk with a Customer Service Representative (CSR), 85% or more telephone calls shall be answered within the first 60 seconds. This rate should be reported to CMS monthly.
5. If callers encounter a temporary delay before a customer service representative is available, a recorded message will inform them of the delay. The message will also request that the provider have certain information readily available before speaking with the agent. If possible, during peak volume periods, the message shall indicate a preferred time to call.

Note: IVRs should be programmed to provide callers with an after-hours message indicating normal business hours (It is not necessary to duplicate this message if the caller is informed of the normal business hours via the telephone system prior to being delivered to the IVR).

Call Handling Measures (Note: All specified information must be captured and reported to CMS on a monthly basis. This information may be captured manually, if necessary.)

1. Report Call Abandonment Rate, which is the percentage of provider calls that abandon their call from the ACD queue. This should be reported as two separate measures:
 - 1) Calls abandoned up to and including 60 seconds,
 - 2) Calls abandoned after 60 seconds.
2. Report Average Speed of Answer. This is the amount of time that all calls waited before being connected to a CSR. It includes ringing, delay recorder(s) and music.
3. CSRs must identify themselves when answering a call, however the use of both first and last names in the greeting will be optional. In order to provide a unique identity for each CSR for accountability purposes, where a number of CSRs have the same first name, it is suggested that the CSRs also use the initial of their surname. If the caller specifically requests that a CSR identify himself/herself, the CSR should provide both first and last name. Where the personal safety of the CSR is an issue, call center management should permit the CSR to use an alias. This alias must be known for remote monitoring purposes. CSRs should also follow local procedures for escalating calls to supervisors or managers in situations where warranted.
4. Report Average Talk Time (which includes any time the caller is placed on hold by the CSR).

5. Handle no less than 80% of calls to completion during the initial call - minimizing transfers, referrals and callbacks. This rate should be reported to CMS monthly.
6. Report Call Center call handling productivity, calculated by the total calls handled divided by the total CSR FTEs in the center.
7. Report Occupancy Rate, the percent of time that CSRs spend in active call handling (i.e., on incoming calls, after call work or outbound calls).

Post-Call Measures (Note: All specified information must be captured and reported to CMS on a monthly basis. This information may be captured manually, if necessary.)

1. Report monthly Average After Call Work Time (wrap-time), which includes all the time that the CSR needs to complete all administrative work associated with call activity after the customer disconnects.
2. Report the status of those calls not resolved at first contact. Those calls should be reported as follows:
 - 1) Callbacks required (This number is based on calls received for the calendar month and represents the number requiring a callback as of the last workday of the month.)
 - 2) Callbacks closed within 5 workdays (This number is based on calls received for the calendar month and represents the number closed as of the last workday of the month.)

Staffing

1. As needed, develop a corrective action plan to resolve deficient performance in the call center, and maintain results on file for Regional Office (RO) review.
2. Develop a proficiency test to be used for new CSRs and as needed for existing personnel.
3. On Federal holidays, in lieu of answering telephone inquiries, contractors may choose to perform other appropriate provider inquiries work, e.g., provide CSR training.

Interactive Voice Response Units (IVR)

With automated tools being available for improving customer service while simultaneously managing cost, emphasis must be placed on developing and implementing self-service capabilities through the utilization of Interactive Voice Response (IVRs) Units. To promote the usage of such service-enhancing and cost-effective technology, we have provided the following list of metrics for use in the area of IVR utilization.

Strategic Operations Performance

1. The contractor strives to increase the use of IVRs based upon lessons learned and best practices throughout CMS and its partners.
2. The IVR offers the following information, but it is not limited to:
 - Contractor Hours of Operations for inbound Medicare provider CSR service announced to callers after the hours of CSR availability and during peak times when a caller may be waiting on hold;
 - General Medicare program information;
 - Specific information about claims in process and claims completed;
 - Information about appeals rights, and action required of a provider to exercise these rights; and
 - Additional evidence needed to have a claim processed.

3. The contractor prints and distributes to Medicare providers upon request a readily understood IVR operating guide.
4. To the extent possible, the IVR shall be available to providers from 6 a.m. to 10 p.m. in their local prevailing time Monday through Friday, and 6 a.m. to 6 p.m. on weekends with allowances for normal claims processing system and mainframe availability, as well as normal IVR and system maintenance. Contractors should identify what services can be provided to providers during processing system unavailable time.

IVR Call Handling Performance

1. The contractor updates the IVR scripts to address areas of provider confusion as determined by their inquiry analysis program and CMS best practices.
2. The provider should have the ability to reach a CSR during operating hours and receive a message indicating operating hours when the call center is closed.
3. Report IVR Handle rate, which is the number of calls delivered to the IVR in which the provider receives the information they require from the system.

Workload

Provider Telephone Inquires workload (Workload 1 in CAFMII) is the cumulative inquiries as reported on the HCFA-1565, Line 25, Provider Column.

Provider Quality Call Monitoring

1. Measure and report the quality of service continuously by employing the Quality Call Monitoring (QCM) Process developed for beneficiaries in FY 2000.
 - Monitor an average of 9 calls per CSR per quarter for quality. CSRs who answer both beneficiary and provider calls need only to be monitored for an average of 9 calls per quarter. Focus monitoring efforts on new or other at-risk CSRs who would have the greatest potential to benefit from any feedback while reducing the monitoring frequency on experienced CSRs who have demonstrated a less significant need to be monitored. Individual CSR data shall be analyzed regularly, areas needing improvement identified, and corrective action plans should be implemented and documented.
 - The sampling routine must ensure that CSRs are monitored at the beginning, middle and end of the month (ensuring that assessments are distributed throughout the week) and during morning and afternoon hours.
 - Participate in national and regional calibration sessions organized by CMS.
 - Contractor call centers should conduct regular monthly calibration sessions.

PROVIDER WRITTEN INQUIRIES (Continue to use Activity Code 13002)

- All written inquiries are to be processed in accordance with the guidelines provided in the Medicare Carriers Manual Section 5105.
- Include a contact's name and telephone number in the response.
- Include the CMS Alpha Representation on all written responses.
- Contractors must develop a correspondence Quality Control Program (containing written policies and procedures) that is designed to improve the quality of written responses.

- All written inquiries are to be processed using a font size of 12 and a font style of Universal or Times New Roman or another similar style for ease of reading by the beneficiary.
- In FY 2002, every contractor will have the flexibility to respond to provider written inquiries by phone within 45 calendar days. A report of contact should be developed for tracking purposes. The report of contact should include the following information: Provider's name, address, and telephone number, date of contact, internal inquiry control number, subject, summary of discussion, status, action required (if any) and the name of the customer service representative who handled the inquiry. Upon request, send the provider a copy of the report of contact that results from the telephone response. The report of contact should be retained in the same manner and time frame as the current process for written responses. Use your discretion when identifying which written inquiries (i.e., beneficiary correspondence that represent simple questions) can be responded to by phone. Use the correspondence that includes the requestor's telephone number or use a requestor's telephone number from internal records if more appropriate for telephone responses. If you cannot reach the requestor by phone, do not leave a message for the provider to return the call. A written response should be developed within 45 calendar days from the incoming inquiry if the matter cannot be resolved by phone.
- Any E-mail inquiry received can be responded to by E-mail. Since E-mail represents official correspondence with the public, it is paramount that intermediaries use sound E-mail practices and proper etiquette when communicating electronically. Responses that are personal in nature (contain financial information, HIC#, etc.) cannot be answered by e-mail.

Workload

Written Inquiries workload (Workload 1 in CAFMII) is the cumulative inquiries as reported on the HCFA-1565, Line 37, Total Column.

